MEMORANDUM OF AGREEMENT
REGIONAL SUPPORT NETWORKS/PRE-PAID INPATIENT HEALTH PLANS
DIVISION OF CHILD AND FAMILY SERVICES
AND
CHILDREN'S LONG TERM INPATIENT PROGRAM ADMINISTRATION

The agreement is made between the Regional Support Networks/Pre-Paid Inpatient Health Plans (RSN/PIHP), the Division of Child and Family Services (DCFS), the Children's Long-term Inpatient Program Administration (CLIP) and the CLIP Programs. Representatives from mental health and children's service systems, and families of children served by these systems shall be included by the RSN/PIHP as partners to this agreement. All referrals to the CLIP programs must be approved by the RSN/PIHP and incorporate the perspective of the above partners.

The intent of this agreement is to clarify expectations, roles and responsibilities for the resource management of the children's long-term inpatient resources that are funded by the Department of Social and Health Services, Mental Health Division (MHD). The RSN/PIHP is under contract with the MHD to provide resource management of CLIP inpatient resources in accord with Section 2.5 of the contract Statement of Work and this agreement.

RESOURCE MANAGEMENT ROLES AND RESPONSIBILITIES

The RSN/PIHP must:

1) Integrate all regional assessment and CLIP referral activities, including:
- **a)** Designate a mechanism to assess the needs of children being considered for voluntary admission, and coordinate referrals to the CLIP Administration.
- **b)** Assess the needs of involuntarily committed (ITA'd) adolescents (180 day restrictive orders) prior to their assignment and admission to a CLIP program. Designate an agent(s) to participate in the CLIP Placement Team assignment of ITA'd adolescents.
- **c)** Designate a mechanism to assess the needs of all juveniles transferred for evaluation purposes by JRA or under RCW 10.77 to CSTC.
- **d)** Ensure that all required CLIP application materials (*Appendix A*) are submitted prior to CLIP Administration consideration of referrals.

2) Ensure for each individual admitted to a CLIP program that a community case manager is assigned.

3) Ensure that all RSN/PIHP designated participants actively participate in timely plan of care development and implementation, including discharge planning.

4) Participate in concurrent length of stay management and decisions to transfer to another inpatient setting (CLIP or community psychiatric hospital) in accord with the CLIP Policies and Procedures (*Appendix A*) and Section 2.5 of the contract Statement of Work.

5) Designate a single contact person who will monitor RSN/PIHP performance in accord with the terms of this agreement and coordinate with the CLIP Administration as needed.

DCFS

1) Adhere to the local cross system service delivery protocols between the RSN/PIHP and the applicable DSHS Region as they pertain to the CLIP resource.

2) Ensure application materials for children served by DCFS are submitted to meet the RSN/PIHP and CLIP Administration requirements.

3) Maintain active participation (e.g., staffings or case reviews, discharge planning, permanency planning, etc.) throughout the stay of a DCFS dependent in a CLIP program.

4) Promptly respond to any request for DCFS participation in discharge planning for children not in DCFS custody at the time of admission. Level of DCFS participation will be based upon their assessment of need.

The CLIP Administration must:

1) Provide information to the RSN/PIHP community regarding the CLIP programs, application processes, admission criteria, waiting lists, and specialized services.
2) Serve as a statewide resource that offers technical assistance, upon request, to the RSN/PIHP regarding CLIP resource management.
3) Serve as the contact for the RSN/PIHP regarding all referrals for inpatient care in the CLIP programs.
4) Respond to inquiries from individuals regarding the CLIP programs and refer those wishing further information to the RSN/PIHP.
5) Manage all referrals from the identified RSN/PIHP mechanism in accord with this agreement and the CLIP Policies and Procedures (*Appendix A*).
6) Coordinate the activities of the CLIP Certification and Placement Teams.
7) Broker the statewide CLIP waiting list.
8) Monitor CLIP program services as directed by and in coordination with the MHD.
9) Provide monthly utilization information to the RSN/PIHP.
10) Provide dispute resolution upon appeal.
11) Provide a single contact person who will monitor the terms of this agreement and coordinate with the RSN/PIHP as needed.

The CLIP Programs must:

1) Designate a facility case manager as primary contact with the community for each individual admitted.
2) Develop and implement an inpatient plan of care, which incorporates and is integrated with the community plan of care.
3) Include the family/guardian and the designated community case manager(s) in treatment through regular contacts, timely invitations to planning sessions and any other significant treatment activities, and provision of written documentation of the course of treatment, as requested by the RSN/PIHP.
4) Facilitate the development of a comprehensive discharge plan in coordination with the family/guardian and the designated community case manager(s).
5) Provide individualized transitional services as agreed upon by RSN/PIHP designee(s) and the CLIP program. Dependent upon individual program resources, CLIP program participation in post-discharge service provision may be available, but is not funded by the MHD.

CONFIDENTIALITY

All parties agree to honor confidentiality regarding sharing of clinical information in accordance with applicable RCW and WAC requirements. Release of information forms will be obtained to enable sharing of confidential materials unless relevant statutes or WACs allow for the waiver of the requirement for said releases.

APPEALS and DISPUTE RESOLUTION

1) If any individual disagrees with the formal RSN/PIHP recommendation/formulation that a child does or does not need admission to a CLIP program, that individual may appeal the decision. The RSN/PIHP will utilize its standard procedures for review of appeals. Appeals will also be in accordance with the existing local cross system protocols for children served by DSHS. If the appellant is not satisfied with the outcome of their appeal s/he may appeal to the CLIP Administration in accord with the CLIP Policies and Procedures. Any appeal to the CLIP Administration must represent the perspectives of both the RSN/PIHP and the appellant.
2) If the RSN/PIHP, on behalf of the child's community team, disagrees with the treatment plan and/or discharge plan recommendations developed and/or implemented by the CLIP program, they may file a formal grievance with that CLIP Program. If the RSN/PIHP and the CLIP program cannot come to an agreement, the RSN/PIHP may submit a formal request for dispute resolution by the CLIP

Administration. Dispute resolution will occur in accord with the CLIP Policies and Procedures, Appendix A.

DEFINITION OF TERMS

Regional Support Network –*Regional mental health authority created as a result of legislative action and responsible for establishment and coordination of mental health services for consumers on a regional level through joint operating agreements with the State.*

Prepaid Inpatient Health Plan - *A managed care plan covering outpatient and community inpatient mental health services for Medicaid eligible individuals. Services are provided through contracted vendors and licensed community psychiatric hospital providers.*

CLIP Administration - *The state designated authority for policy and decision-making regarding admission to and discharge from state-funded beds in the Children's Long term Inpatient Programs.*

CLIP Programs - *Child Study and Treatment Center (47 beds), Pearl Street Center (11 beds), Martin Center (12 beds), McGraw Center (15 beds), and Tamarack Center (11 beds). The MHD funds a total of 96 CLIP beds.*

CLIP Certification Team - *Independent team of children's mental health specialists, including a child psychiatrist, which determines medical necessity for voluntary admission to the CLIP programs.*

CLIP Placement Team - *Team vested with statutory authority (RCW 71.34) to assign ITA'd adolescents to the most appropriate CLIP program.*

DCFS - *The Division of Child and Family Services is a state agency responsible for the protection of children and strengthening families.*

ITA – '*Mental Health Services for Minors' (RCW 71.34) is the law which allows adolescents to be detained against their will in a psychiatric inpatient setting, either acute or long term. Adolescents committed by the court on a 180 day Restrictive ITA order are certified for potential admission to a CLIP program.*

JRA - *The Juvenile Rehabilitation Administration is a state agency responsible for incarcerated and paroled youth*.

JRA transfers - *Juveniles in the custody of the JRA transferred from a JRA institution for 14-day evaluations at CSTC in accord with RCW 71.34 and the Agreement between the JRA and the MHD.*

RCW 10.77 - *Civil commitment law under which authority juveniles are court- ordered for a competency evaluation or competency restoration at CSTC.*

RSN/PIHP designated mechanism – *The local cross-system team developed by each RSN/PIHP for assessing the needs of children and their families and coordinating referrals to CLIP. Appendix B to this agreement details specific RSN/PIHP resource management procedures.*

This agreement will be in effect upon the date it is signed by all parties and supersedes all previous agreements. With thirty days written notice, this agreement can be dissolved or amended if any of the signatories deem it to be necessary. The CLIP contact person regarding this agreement is the CLIP Director of Resource Development. The CLIP Administration, RSN/PIHP, and DCFS will maintain at least annual contact to review progress towards the terms of this agreement and to make necessary changes in the terms.

Signatories

For the ANYRSN/PIHP: Date:

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For DCFS Region XYZ

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For CLIP Administration:

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APPENDIX A
RSN/CLIP AGREEMENT

POLICIES AND PROCEDURES

OF THE

CHILDREN'S LONG TERM INPATIENT PROGRAM ADMINISTRATION

December 2004

1. *DESCRIPTION AND PURPOSE OF THE CHILDREN'S LONG TERM INPATIENT PROGRAM ADMINISTRATION*

The Children's Long Term Inpatient Program Administration (CLIP Administration) is the state designated authority for policy and clinical decision-making regarding admission to and discharge from publicly-funded beds in the Children's Long Term Inpatient Programs. The CLIP Administration is composed of children's mental health specialists and administrative staff. The CLIP Administration, in coordination with Regional Support Networks (RSNs), will insure that: 1) the CLIP Programs admit only those youth who meet Medicaid criteria for medical necessity, and 2) discharges from the CLIP Programs occur appropriately, with necessary planning and due consideration of the needs of the youth and family. In accord with RCW 71.34, the CLIP Administration is the statutory authority for placement of all adolescents involuntarily committed for up to 180 days of inpatient care. The CLIP Administration also assists the Mental Health Division of the Department of Social and Health Services (DSHS/MHD) with monitoring of care provided by the CLIP Programs.

2. *BACKGROUND AND LOCATION OF THE CLIP PROGRAMS*

2.1 Background

In 1981 the Washington State Legislature authorized funds to establish residential treatment beds for psychiatrically impaired children and youth. These beds were to be located at and administered by private, nonprofit agencies under contract to DSHS/MHD. Rules and regulations setting forth licensing standards are in Chapter 246-337 or its successors of the *Washington Administrative Code*, as adopted by the Washington State Board of Health and codified in the WAC under authority of Chapter 71.12 RCW. Child Study and Treatment Center (CSTC), the children's state hospital, was integrated with the system of CLIP Programs and Administration beginning in 1986. All CLIP Programs are regularly monitored against performance and programmatic standards defined in state, federal and professional regulations. Each is accredited by the Joint Commission on Accreditation of Healthcare Organizations.

2.2 Location of Publicly-funded CLIP Programs

There are 91 beds operated as statewide resources available to any child in the state who has been determined to need extended psychiatric inpatient care. Forty-four beds are operated by three regionally based Residential Treatment Facilities (RTFs). CSTC operates 47 beds in three separate cottages.

2.2.1 McGraw Center

Seattle Children's Home
2142 - 10th Avenue West
Seattle, Washington 98119
Number of contracted beds: 19
Date Opened: March 1981

2.2.2 Tamarack Center

W. 2901 Ft. George Wright Drive
Spokane, WA 99224
Number of contracted beds: 13
Date Opened: September 1984

2.2.3 Pearl Street Center

Tacoma Comprehensive Mental Health
815 S. Pearl St.
Tacoma, WA 98465
Number of contracted beds: 12
Date Opened: January 1985

2.2.4 Child Study and Treatment Center

8805 Steilacoom Blvd. SW W27-25
Lakewood, WA 98498-4771
Number of beds: 47

3. *FUNCTIONS OF THE CLIP ADMINISTRATION*

The specific functions of the CLIP Administration are:

3.1 To set criteria and guidelines for admission to and discharge from the CLIP Programs.

3.2 To oversee all referrals for admission to the CLIP Programs.

3.3 To approve all admissions to the CLIP Programs in accord with established admission criteria and procedures.

3.4 To make specific recommendations for evaluation and/or treatment alternatives when an application for admission is denied.

3.5 To review clinical documentation of care in order to insure that discharges, transfers, and recertifications take place in accord with established criteria and guidelines.

3.6 To act as the designated Placement Team in accord with the mental health law for minors (RCW 71.34).

3.7 To assist the CLIP Programs and the MHD in the dissemination of information concerning the CLIP Programs.

3.8 To collect, analyze and report CLIP utilization information**.**

3.9 To provide a dispute resolution process for disputes that arise regarding admissions and discharges to the CLIP Programs.

3.10 To actively promote family/parent inclusion in all aspects of the assessment, admission, treatment and discharge processes associated with CLIP resources.

3.11 To contribute to statewide policy and program development and implementation activities that improve psychiatric inpatient resource management.

3.12 To respond to a request by the MHD to review medical necessity for continued acute inpatient care for any adolescent admitted against their will by their parent in accordance with RCW 71.34.052 and 71.34.025.

3.13 To respond to a request by the MHD to review appeals of payment disputes arising between a community psychiatric hospital and an RSN.

4. *CLIP ADMINISTRATION MEMBERSHIP*

The CLIP Administration shall consist of:

- The Certification Team
- The Placement Team
- The Documentation Review Team
- The Inspection of Care Team
- The CLIP Program Directors
- The CLIP Director of Resource Development
- The CLIP Administration staff
- Ad hoc teams: CLIP Parent Steering Committee, CLIP Quality Steering Committee, CLIP Liaisons Group, and others as needed

4.1 Membership Status

Affiliated CLIP members are the program/clinical directors of the four CLIP Programs.

Nonaffiliated members include the CLIP Director of Resource Development, the CLIP Coordinator, and the Certification, Placement, Documentation Review and Inspection of Care Teams. The MHD approves all Teams.

4.2 Qualifications

At a minimum all Certification, Placement, Document Review and Inspection of Care Team members shall qualify as child mental health specialists in accord with WAC 388-865 or its successors. A child psychiatrist shall participate on Teams as required by state and federal regulations. Employees of and consultants to the CLIP Programs may not serve on the Certification Team.

4.3 Terms of Service

The tenure of nonaffiliated CLIP members may be reviewed by the MHD for reappointment every three years.

Nonaffiliated members will be appointed to designated teams for a minimum of one year and may be removed at the sole discretion of the MHD.

4.4 Appointment of New, Nonaffiliated Members

When a vacancy occurs on one of the CLIP Teams, the director of the MHD will appoint a new, nonaffiliated member. The community at large will be encouraged to submit recommendations

for vacancies. The CLIP Administration will review the qualifications of all candidates and submit written recommendations to the MHD.

4.5 Participation Requirements

A nonaffiliated member who is unavailable to fulfill their duties on three separate occasions in one calendar year shall be terminated from CLIP membership.

4.6 Per Diem and Mileage Reimbursement

CLIP members are entitled to mileage expense reimbursement if they are not otherwise reimbursed for these expenses by their agency or employer. Depending upon the availability of funds, non-salaried CLIP Administration members may be eligible to receive per diem for attendance at CLIP-related meetings. The Certification Team, Documentation Review Team, Inspection of Care Team and the CLIP Parent Steering Committee will be reimbursed an agreed upon professional stipend for services provided.

4.7 Clinical Representation from CLIP Programs

A senior clinical staff member from each CLIP Program shall attend regularly scheduled CLIP Administration meetings. This representative is preferably the clinical, operations and/or medical director of the Program and must be a children's mental health specialist as described in WAC 388-865 or its successors. The representative has the right and responsibility to inform the CLIP Administration of the following:

4.7.1 Changes in the staffing patterns.

4.7.2 Significant changes in programming or therapeutic approaches.

4.7.3 Significant occurrences during the period between meetings which affect the therapeutic environment and the ability of the program to assimilate new residents (i.e., elopements, suicide attempts, assaults on residents or staff, etc.).

5. *CLIP ADMINISTRATION OPERATIONS*

5.1. CLIP Administration Meetings

5.1.1 Regular CLIP Administration meetings shall take place at a predesignated time and location no less often than every three months**.** The purpose of these meetings will be to address policy, procedural and operations issues. The CLIP Administrative Coordinator will notify members in advance of each meeting and will prepare and distribute meeting minutes. Principal members of the Certification and Inspection of Care Teams will attend CLIP Administration meetings at least annually.

5.1.2 Decisions regarding matters of CLIP Administration policy will require approval of a majority of all members.

5.2 Team Operations: Certification Team

5.2.1 The Certification Team determines medical necessity for long term inpatient care and meets the Federal and/or state requirements for team membership and process as cited in 42 CFR 441.153; and RCW 71.34.

5.2.2 The Certification Team shall consist of two members. A minimum of two additional Certification Team members shall be available to review applications as needed.

5.2.3 Admission decisions regarding voluntary applications require unanimous approval by the Certification Team. If they are unable to reach consensus a third team member will review the application and provide the tie-breaking vote.

5.2.4 In all cases, when an applicant is determined to require long term psychiatric inpatient care, the designated child psychiatrist shall certify such by his/her signature.

5.3 Team Operations: Placement Team

5.3.1 The Placement Team assumes the responsibility designated in RCW 71.34 for assigning and/or transferring involuntarily committed adolescents to one of the CLIP Programs.

5.3.2 The Placement Team consists of a psychiatrist from one of the CLIP Programs and the CLIP Coordinator.

5.3.3 The CLIP Coordinator incorporates the recommendations of the adolescent's family, the RSN and the referring Evaluation and Treatment Facility (E&T) into all Placement Team decisions.

5.3.4 The Placement Team must reach a unanimous decision regarding assignments and transfers. If they are unable to reach consensus, the psychiatrist from one of the remaining CLIP Programs will be asked to provide the tie-breaking vote.

5.4 Team Operations: Document Review Team

5.4.1 At least one nonaffiliated member of the CLIP Administration has the statutory responsibility to oversee the review of required treatment and discharge summaries of all involuntarily committed adolescents. This Team also has the designated responsibility to review the required treatment and discharge summaries for all voluntarily admitted children.

5.4.2 The Document Review Team will review treatment documents and provide a written summary of their findings, including any required decision or recommendations.

5.5 Team Operations: Inspection of Care Team

5.5.1 The Inspection of Care Team shall include at least two Certification Team members and the CLIP Director of Resource Development. The Team shall perform the annual, on-site, Medicaid inspections of care of the CLIP Programs.

5.5.2 The Inspection of Care Team shall provide written audit reports to the CLIP Program, the CLIP Administration, and the MHD within eight weeks of an Inspection of Care. The report(s) will also be provided upon the request of an RSN or RSNs.

6. *CLIP ADMINISTRATION STAFF*

CLIP Administration staff consists of the Director of Resource Development, the CLIP Coordinator and the CLIP Administrative Coordinator. This staff is based at Seattle Children's Home under contract with the MHD. The CLIP Director of Resource Development supervises the activities of the Coordinator and the Administrative Coordinator. The MHD Director or designee oversees the activities of the Director of Resource Development.

6.1 Responsibilities of the Coordinator

The Coordinator shall:

6.1.1 Respond to admission inquiries.

6.1.2 Provide technical assistance to community stakeholders regarding children's mental health services and resources.

6.1.3 Provide technical assistance regarding local gatekeeping processes and their interface with the CLIP Administration and Programs.

6.1.4 Facilitate the application process.

6.1.5 Coordinate the presentation of case summaries to the Certification Team.

6.1.6 Coordinate and participate in the decision-making of the Placement Team.

6.1.7 Manage the statewide waiting list.

6.1.8 Facilitate transfers between CLIP Programs.

6.1.9 Coordinate and supervise (in concert with the Director of Resource Development) the activities of the Administrative Coordinator.

6.1.10 Facilitate communication between the CLIP Administration, RSNs, families, other community partners and the CLIP Programs concerning admissions and discharges.

6.1.11 Develop and implement CLIP policies and procedures in coordination with the Director of Resource Development.

6.1.12 Coordinate management of referral, admission and discharge information.

6.1.13 Disseminate to the community information about the CLIP Programs and CLIP policies and procedures.

6.2 Responsibilities of the CLIP Administrative Coordinator

The Administrative Coordinator shall:

6.2.1 Assume lead responsibility for administrative office management.

6.2.2 Manage relevant databases and create reports as directed.

6.2.3 Create and distribute public relations material.

6.2.4 Create and distribute monthly CLIP utilization reports.

6.2.5 Assist in the facilitation of the application process.

6.2.6 Create and maintain all periodic expense reports.

6.2.7 Respond to inquiries.

6.2.8 Record and summarize CLIP Administration and other meeting minutes.

6.2.9 Maintain CLIP clinical records and referral logs in an organized and secure manner and in accord with HIPAA regulations.

6.2.10 Ensure that required information and documentation is submitted to the CLIP Administration by the CLIP Programs and/or community partners.

6.2.11 Maintain CLIP Administration website.

6.2.12 Assist with collection and reporting of data pertaining to CLIP system outcomes.

6.3 Responsibilities of the Director of Resource Development

The Director shall:

6.3.1 Establish, monitor and amend the formal written agreements between the CLIP Administration and Programs and all RSNs regarding access to inpatient care in the CLIP Programs.

6.3.2 Assist communities and the CLIP Programs with the implementation of the terms of these agreements.

6.3.3 Offer technical assistance and consultation to individuals, agencies and families.

6.3.4 Promote efforts by the CLIP Programs, RSNs and the MHD to develop and support community and facility-based intensive, individualized resources for children and families.

6.3.5 Provide field support for the MHD and RSNs, regarding management of acute psychiatric inpatient care.

6.3.6 Supervise collection of CLIP utilization information. Assist the MHD and the CLIP Programs in research and evaluation efforts.

6.3.7 Manage and participate in the Inspection of Care Team.

6.3.8 Assist the MHD in developing/implementing state policy regarding the CLIP Administration, the CLIP Programs, acute psychiatric inpatient services, and RSN/PHP management of mental health resources.

6.3.9 Represent the CLIP Administration and the CLIP Programs with the MHD, RSNs, JRA, DCFS and other community partners.

6.3.10 Manage/coordinate the CLIP Administration staff, subcontractors and all CLIP Administration functions.

6.3.11 Perform other duties as assigned by the MHD Director or designee.

7. CRITERIA FOR VOLUNTARY ADMISSION

7.1 Minimum Admission Requirements

The certification of need for long term inpatient care must meet the requirements of 42 CFR 441.152 and RCW 71.34. In addition, to be eligible for voluntary admission to a CLIP Program applicants must meet the following minimum requirements:

7.1.1 Age

Applicants must be under the age of 18 prior to admission to a CLIP Program.

7.1.2 Sex

Services are available for both males and females.

7.1.3 Residency

Applicants must be legal residents of Washington State. This criterion is met if one of the following is true: (a) Applicant is in the custody of Washington or (b) Applicant is in the custody of his/her legal guardian who is a Washington State resident.

7.1.4 Psychiatric Impairment

Applicants must have a severe psychiatric impairment which warrants the intensity and restrictions of the treatment provided in a CLIP Program. An applicant will be considered to have such an impairment if he or she has a severe emotional disturbance, corroborated by a clear psychiatric diagnosis, in which one or more of the following symptomatic behaviors is exhibited:

7.1.4.1 Signs and symptoms explicitly associated with marked, severe and/or chronic thought disorders, as defined in the DSM-IV, including bizarreness, delusions, hallucinations, disturbed thought processes (e.g., loosened associations, illogical thinking, poverty of content of speech), blunt, flat or inappropriate affect, or grossly disorganized behavior.

7.1.4.2 Signs and symptoms explicitly associated with marked severe or chronic affective disorders, as defined in the DSM-IV, including mania, depression, vegetative signs, suicide attempts or self-destructive behaviors.

7.1.4.3 Chronic or grossly maladaptive behaviors associated with incipient forms or components of 7.1.4.1 or 7.1.4.2, or symptomatic of other diagnosed severe psychiatric impairment. The presence of such symptoms should be clearly identified as resulting from a mental disorder and not be solely attributable to other factors (e.g. alcohol or drug abuse, antisocial behavior, sexual deviancy, mental retardation). Children who have been diagnosed as having a severe psychiatric illness and who demonstrate a repetitive pattern of antisocial behavior (e.g. sexual aggression) are considered for admission if

their needs can reasonably and appropriately be met in a long-term inpatient program.

7.1.5 Intellectual Functioning

Children whose intellectual functioning is below the normal range as defined by the DSM-IV are considered for admission if it has been determined that they meet the above criteria of having a severe psychiatric disorder and their needs can reasonably and appropriately be met in a CLIP Program.

7.1.6 Physical and Medical Disabilities

Applicants with physical and/or medical disabilities are eligible for admission to the CLIP Programs. Any such admission must occur within the constraints of the nondiscrimination clauses of Program contracts and/or the Americans with Disabilities Act.

7.1.7 Family Support

Family support is an essential ingredient in successful treatment in a CLIP Program. The successful treatment of youth lacking family resources will be facilitated by the willingness of the referring RSN to take on at least part of the supportive role normally expected of the family and to assist the child and any available family in maintaining meaningful contact whenever possible.

7.1.8 Applicant Under DSHS Custody

If an applicant is in the custody of DSHS, his or her DSHS social worker is expected to continue to actively participate in all aspects of care in collaboration with other partners from the community.

7.1.9 Consideration of Less Restrictive Treatment Settings

Before an applicant who meets the minimum admission requirements is approved for admission to a CLIP Program, the Certification Team will consider the possibility of the youth receiving the treatment required in a less restrictive setting. If the Certification Team believes that a less restrictive setting is both appropriate and available it will recommend that the applicant be referred for treatment in such a setting rather than approve an admission to a CLIP Program.

7.1.10 Applicant's Agreement to Enter a CLIP Program

A CLIP Program does not have the right to hold youth in treatment against their will unless they are committed under RCW 71.34 or ordered for short term evaluation under RCW 10.77.

7.1.11 Applicant's Ability to Benefit From Treatment

The applicant's ability to benefit from treatment is critical. The Certification Team may deny admission or recertification if the applicant appears unable to benefit from the treatment offered in a CLIP Program.

8. *CRITERIA FOR INVOLUNTARY ADMISSION*

8.1 Adolescents who have been committed for 180 days of publicly-funded inpatient care under RCW 71.34 are thereby eligible for admission to the CLIP Programs.

8.2 If a previously committed adolescent has been discharged from an E & T Facility due to the expiration of his/her 180-day Restrictive Order and long term care is subsequently sought as a voluntary client, voluntary application procedures must be followed.

9. *CRITERIA FOR OTHER ADMISSIONS*

9.1 Transfer From Juvenile Rehabilitation Administration (JRA) Facilities

In accord with RCW 71.34.180 youth committed to a JRA facility may transfer directly to an E & T facility upon agreement between the two facilities. Youth admitted to CLIP Programs in this manner are eligible for 14 days of treatment. If extended inpatient care is recommended, the CLIP Program may: 1) request an evaluation for possible involuntary commitment in accord with RCW 71.34, or, 2) request that applicant be reviewed by the RSN and the CLIP Certification Team in accord with procedures for voluntary application to determine eligibility for continued inpatient care. More specific requirements of cross-divisional management of JRA referrals are contained in the formal Written Agreement between the MHD and JRA.

9.2 Commitment under RCW 10.77

Adolescents who have been court-ordered for a competency evaluation and/or restoration to competency under RCW 10.77 are eligible for admission to CSTC only. If extended inpatient care is recommended, the CLIP Program may: 1) request an evaluation for possible involuntary commitment in accord with RCW 71.34, or, 2) request that applicant be reviewed by the RSN and the CLIP Certification Team in accord with procedures for voluntary application to determine eligibility for continued inpatient care.

10. *VOLUNTARY APPLICATION POLICY AND PROCEDURE*

10.1 Initial Inquiry

10.1.1 To initiate a voluntary referral for admission to a CLIP program the RSN representative shall contact the CLIP Coordinator, (206) 298-9654.

10.1.2 The Coordinator shall obtain information necessary to open the application and describe the CLIP Administration procedures, as requested. An Application Packet shall be provided to the referral source when needed.

10.2 Complete Application Requirements

All information received in support of the application is date-stamped and placed in the applicant's file as it is received in the CLIP Administration office. A completed application must contain the following information:

10.2.1 CLIP Application Form

The RSN must ensure completion of the CLIP Application Form. The completed Form must define a) the child/family team and case manager responsible for coordination if/when the child is admitted to a CLIP Program; b) the acute and long-term needs of the child and his/her family; c) a formulation of the child's goals/objectives for long-term inpatient psychiatric care, and d) a detailed discharge plan.

10.2.2 Psychosocial History of the Applicant

10.2.2.1 Identifying information

10.2.2.2 Presenting problems and identified strengths

10.2.2.3 History of problematic and dangerous behaviors

10.2.2.4 Family and social history

10.2.2.5 Developmental and educational history

10.2.2.6 Medical and psychiatric history

10.2.2.7 History of previous residential and foster placements

10.2.2.8 Legal history

10.2.2.9 Attitude of applicant to proposed admission to a CLIP Program

10.2.3 Psychiatric Evaluation

An application must include a written report of an evaluation completed by a child psychiatrist within the six months prior to CLIP review.

10.2.3.1 The report must include the physician's name, the date of assessment, a DSM-IV diagnostic classification on all five axes with code numbers, a mental status examination and a comprehensive assessment of the treatment needs of the applicant.

10.2.4 Other Evaluations

In cases where a child's needs require more specific definition (e.g. children with eating disorders, sexual deviancy, mental retardation, neurological impairment, etc.), completion of assessments or evaluations by specialists may be required by the Certification Team to determine whether the child meets the admission criteria.

10.2.5 Supporting Documentation

Supporting source documentation of the applicant's needs is required. Supporting documents can include school reports, medical reports, discharge summaries from previous treatment facilities, and certified copies of relevant court orders. The Complete Application Requirements are provided in the Application Packet for each new referral.

10.2.6 Documentation of Intellectual Functioning Level

This is preferably provided through a report of a current psychological evaluation in which an IQ test (WPPSI, WISC-R, WISC-III or WAIS-R) was administered. The report should include the date and location of testing, the examiner's name, test name, and test scores. If IQ scores are not available, other documentation of the applicant's intellectual capability must be provided. This may be in the form of results from a school-related achievement test (such as the WRAT) or a report from the school.

10.2.7 Current Medical Information

10.2.7.1 The applicant's state of health, including date of last physical examination and immunization record

10.2.7.2 Information concerning any physical disabilities, special needs, allergies, dietary restrictions, etc.

10.2.7.3 Current medications, dosages and reason prescribed

10.2.7.4 Neurological status

10.2.7.5 Alcohol and drug abuse problems and treatment received for these problems

10.3 Review of Application by the Coordinator and/or the Administrative Coordinator

The Coordinator/Administrative Coordinator will:

10.3.1 Review each application as it is received to determine whether all required information has been submitted.

10.3.2 Contact the referring RSN to clarify what further documentation is needed or to confirm that the application is complete. If an application remains open and incomplete or inactive for 6 months, reconsideration by the referring RSN is required before it will be presented to the Certification Team for decision.

10.3.3 The Coordinator will integrate the information submitted to satisfy the Complete Application Requirements into an application summary report and make formal recommendations to the Certification Team.

10.3.4 If, after review of the completed application materials the Coordinator determines that the applicant does not meet the minimum criteria for admission, the Coordinator will inform the referring RSN in writing that the application is denied. The Coordinator will document clearly which criteria the applicant does not meet, and offer recommendations for alternative services. The Coordinator will inform the referring RSN of the option to appeal this decision and request review by the full Certification Team. The referring RSN must make any appeal in writing, and provide additional information in support of the appeal. An appealed case will be reviewed in accord with the procedures in 10.4 through 10.8.

10.4 Review of Applications by the Certification Team

10.4.1 Application summary reports and/or supporting documentation will be distributed for review by the Certification Team. Any member of the Certification Team may request more information and/or a telephone conference with other team members before providing their final vote.

10.4.2 The Certification Team shall provide a decision on applications within 2 days of receiving the review materials. The Certification Team will, by majority vote, reach one of the following decisions:

10.4.2.1 Applicant is approved for admission.

10.4.2.2 Applicant is not approved for admission.

10.5 Assignment of Applicants Approved for Admission

An applicant approved for admission is assigned by the CLIP Coordinator to a CLIP Program(s). Every effort shall be made to honor the RSN and/or legal guardian request for admission to a particular CLIP Program. Other factors contributing to assignment include the applicant's clinical needs, geographic proximity to his or her home community, and availability of the most appropriate CLIP Program.

10.5.1 If accelerated admission of a voluntary applicant to a non-MHD funded bed in an RTF is contemplated at any point in the application process, such admission can only occur to the RTF where the child is to be assigned after approval by the CLIP Certification Team.

10.6 Applicant is Not Approved for Admission

If the applicant is not approved for admission to a CLIP Program the Certification Team will state clear clinical reasons why the application has been denied and make recommendations concerning alternative treatment resources.

10.7 Action of Coordinator Following Certification Team Decision

The Coordinator will telephone the RSN representative to relay the Certification Team's decision on the date it is received. Within seven days a confirmation letter will be sent. The content of this letter and additional action by the Coordinator will vary according to the disposition of the application.

10.7.1 If the Application Has Been Approved

The letter to the referring RSN will include the name of the CLIP Program to which the applicant has been assigned, if known. The admission procedures including the name and contact persons for each CLIP Program are enclosed with the approval letter sent to the applicant's legal guardian(s).

10.8 Appeal Procedure

Decisions of the Certification Team may be appealed in writing by the referring RSN and should clearly state the reason the appeal is being made. The appeal should be addressed to:

CLIP Coordinator
2142 - 10th Avenue West
Seattle, WA 98119

The Certification Team will review the case in question following receipt of the letter of appeal and any additional documentation submitted in its support.

10.8.1 Procedural Nature of Appeal

In most cases, the Certification Team's review of the appealed case will be strictly procedural to determine whether due process had been observed in their original consideration of the case and that the applicant's rights have been safeguarded.

10.8.2 Consideration of Clinical Aspects of Case

The review of the appealed case will address the clinical merits of the Certification Team's original decision only when the appellant has reason to believe that the Team has overlooked some major clinical aspect of the case in question or that new relevant clinical information has become available since the Team's previous consideration of the case.

10.8.3 Written Notification of Appeal Decision

The appellant will receive in writing the decision of the Certification Team regarding the appeal within 7 days of receipt of the letter requesting appeal.

10.8.4 Appeal to the MHD

Following an unsuccessful appeal to the Certification Team, appellants may ask for a procedural review by the MHD in accord with the DSHS Fair Hearing process. The MHD will not review the clinical aspects of the case, which remain the jurisdiction of the Certification Team. Appeals to the MHD must be in writing and clearly state the reasons the appeal is made. The appeal should be addressed to:

Chief of Mental Health Services
Mental Health Division OB-42F
Olympia, WA 98504

10.8.5 Appeal to CLIP by Community Members

In the event that any community member(s) disagree(s) with the decision by their RSN either to refer or not to refer an applicant for review by the Certification Team, they may make an appeal to the CLIP Administration. Such appeals will be accepted only after completion of the process defined by the RSN to address such concerns.

10.8.5.1 An appeal by a community member to the CLIP Administration must include, a) the complete application requirements, and, b) the perspectives (in writing) of the RSN team as well as those of the appellant regarding the applicant's need for long term inpatient care.

11. *INVOLUNTARY REFERRAL PROCEDURES*

11.1 Initial Notification

By the next working day after the court commitment of an adolescent to 180 days of publicly-funded inpatient care, the E & T facility shall notify the CLIP Coordinator. This notification shall occur by telephone, (206) 298-9654 or by fax, (206) 298-9655 and include the following information.

11.1.1 Name of referent, E & T and telephone number.

11.1.2 The child's legal name, date of birth, ethnicity, date of initial detention, date of 180-day commitment or revocation, name of legal guardian, county of residence of child and/or legal guardian**.**

11.1.3 Recommendation regarding the need for extended inpatient care and preference for admission to a particular CLIP Program(s).

11.2 Referral Packet

Within five working days of the telephone notification, the committing E & T facility must submit an initial referral packet to the CLIP Coordinator. The following items are the required components of the (five-day) referral packet:

11.2.1 Certified copy of the court order.

11.2.2 180-day commitment petition with supporting affidavits from a physician and either a psychiatrist or a children's mental health specialist.

11.2.3 Five-axis DSM-IV diagnosis.

11.2.4 Admission evaluation, medical evaluation, psychosocial evaluation.

11.2.5 Hospital record face sheet.

11.2.6 Other information about medical status, including: laboratory work, medication records, consultation reports, physical examination.

11.2.7 Outline of treatment history: location, duration, diagnosis and brief summary of the course of treatment.

11.2.8 Discharge and/or transfer summaries from prior hospitalizations at this facility and from other hospitals where the child has been served during this commitment.

11.3 Information from the RSN

Within ten working days of the notification, the RSN must submit the following supporting information to the CLIP Coordinator:

11.3.1 A brief updated summary describing the hospital course, recommendations for placement and treatment, anticipated length of treatment, family involvement (and location), special treatment needs, and any other information deemed pertinent to the process of assigning the child to a particular CLIP Program**.**

11.3.2 A formulation developed in coordination with the family and the responsible RSN submitted on the CLIP Application Form for involuntary applicants.

11.4 Transfer Among E & T Facilities

11.4.1 If the child is transferred from the E & T facility which petitioned for commitment to another for an interim placement until a CLIP bed is available, a referral packet containing the above-listed information must accompany that child.

11.4.2 Any time an involuntary client is transferred from one E & T facility to another, an inter-hospital transfer report detailing the child's current medical and psychiatric status must accompany that child.

11.5 Other Information

During the 20 days following the 180-day commitment hearing, background information, to include the following must also be submitted to the Coordinator by the responsible RSN and the E & T facility:

11.5.1 Immunization records

11.5.2 School records

11.5.3 Discharge or transfer summaries from all prior hospitalizations and residential placements

11.5.4 DCFS records, when applicable.

11.6 Assignment by Placement Team

11.6.1 Upon notification of an adolescent's 180R commitment or revocation order, the CLIP Coordinator will contact the responsible RSN and solicit that community's input (including that of the child's family) regarding the adolescent's assignment.

11.6.2 Upon receipt of the five-day referral packet the CLIP Coordinator will review the material, make note of pertinent clinical issues, record the recommendations of the family, E & T facility and the RSN, and make assignment recommendation(s).

11.6.3 The Placement Team has sole statutory authority to make the assignment of an involuntarily committed adolescent prior to an accelerated admission to a non-MHD funded bed.

11.6.4 A notice of preliminary assignment and admissions procedures will be sent to the youth's legal guardian(s), the responsible RSN and the referring E&T.

11.6.5 The five-day referral packet and a summary of the CLIP Coordinator's perspective will be provided to the psychiatrist of the recommended program. Within two working days of receiving this information the program psychiatrist will contact the Coordinator with his/her decision.

11.6.6 In accord with RCW 71.34 the Placement Team will assign the adolescent to a CLIP Program(s) based upon the following:

11.6.6.1 The treatment needs of the minor

11.6.6.2 The most appropriate Program able to respond to the minor's treatment needs

11.6.6.3 The geographic proximity of the Program to the minor's family and home community

11.6.6.4 The immediate availability of bed space

11.6.6.5 The probable impact of the minor's placement on other residents

11.6.7 Following an assignment by the Placement Team, the CLIP Coordinator will immediately inform the E & T facility, the RSN and the assigned CLIP Program(s) of the child's assignment.

11.6.7.1 Official notice to the assigned Program will delegate the responsibility of the Secretary of DSHS for care of the minor upon admission of the assigned youth.

11.6.7.2 The Placement Team must authorize in advance any accelerated admission of an involuntary committed adolescent to a non-MHD funded bed. The CLIP Coordinator must authorize any subsequent movement of that adolescent to an MHD funded bed.

12 *PROCEDURES FOR JRA TRANSFERS AND RCW 10.77 COMMITMENTS*

12.1 Transfer of youth under the terms of RCW 71.34 from a JRA institution to a CLIP Program shall be in accord with the policies and procedures set forth in the formal Agreement between the MHD and JRA and the applicable CLIP Administration Policies and Procedures.

12.2 Admission of youth under the terms of RCW 10.77 from a juvenile court to CSTC shall be in accord with the requirements of the RCW and the applicable CLIP Administration Policies and Procedures.

13 *WAITING LIST PROCEDURES*

13.1 The consolidated waiting list establishes priority for admissions to all CLIP programs and is managed under the sole authority of the CLIP Coordinator. A child's original placement on the waiting list is based upon the following criteria:

13.1.1 Children referred by an RSN and certified by the CLIP Certification Team for admission to a CLIP Program on a voluntary basis are placed on the waiting list based upon the date the Complete Application Requirements are received in the CLIP Administration office.

13.1.2 Involuntarily committed adolescents are placed on the waiting list as of the date of their 180-day Restrictive court order. In the event that a Less Restrictive (LRA) or Conditional Release (CR) order is revoked, the adolescent is placed on the waiting list for admission based on the date of their revocation hearing.

13.1.2.1 If an adolescent is discharged from an E & T facility on an LRA or a CR, the facility or responsible RSN may request that the adolescent be temporarily maintained on the inactive waiting list if the adolescent's discharge status is considered precarious. The adolescent may remain on the waiting list at the discretion of the CLIP Coordinator, but not to exceed the term of their involuntary order(s). The adolescent is only eligible for admission to the CLIP Programs if and when his or her LRA or CR is revoked.

13.1.3 Children admitted to non-MHD funded beds (on a voluntary or involuntary basis) will retain their original place on the waiting list based upon the criteria in **13.1.1** or **13.1.2**, pending their movement into an MHD funded bed within the same Program. The CLIP Coordinator must authorize movement to an MHD funded bed.

13.1.4 Youth ordered into CSTC under the terms of RCW 10.77 are prioritized for admission to the first available bed. CSTC will immediately notify the CLIP Coordinator and the responsible RSN when an admission request is made.

13.1.5 Youth transferred by JRA for a 14 day evaluation at CSTC are also prioritized for admission to the first available bed. CSTC will immediately notify the CLIP Coordinator and the responsible RSN when an admission request is made.

13.1.6 If the individual plan of care includes transfer from one CLIP Program to another, that child is placed on the waiting list as of the date of the request for transfer. (See **14.1**)

13.1.7 Following discharge from a CLIP Program, if a child is re-referred and re-certified by the Certification Team within 60 days of their discharge date, that child can be placed on the waiting list for the next available bed in the same program. However, such readmissions must be integrated with the child's overall plan of care, and agreed upon in advance by the CLIP Program and the RSN. (See **16.4** for other circumstances.)

13.1.8 When a voluntary child on the waiting list is offered a bed and that bed is declined, two options exist:

13.1.8.1 The certification of medical necessity is voided and the child is removed from the waiting list, or

13.1.8.2 With the prior approval of the CLIP Coordinator and if alternative services are being explored, a child may remain on the inactive waiting list for up to six months. After six months, the procedures in **15.1.2** shall apply.

13.2 Multiple Children on Waiting List from One RSN

An RSN may prioritize the children from their region who are on the Waiting List for admission to the next bed available to that RSN. It is the RSN's responsibility to expeditiously contact the CLIP Coordinator if a change in the prescribed waiting list order is desired. An RSN's decision to change the admission order of their children does not prioritize them over children from other RSNs who precede them on the waiting list.

13.2.1 The fact that an RSN opts to purchase a non-MHD funded bed in a CLIP Program in order to accelerate a child's admission to that program does not give that child priority for movement to an MHD funded bed.

13.2.2 Decisions to prioritize children shall be based upon the clinical needs of each child and shall be made only after consultation with the parent/legal guardians and the designated care manager(s) for each affected child.

13.3 Impact of Resource Availability on Waiting List

Given the constraints of the physical plants, room configurations and current populations in the CLIP Programs, children whose date of placement on the waiting list falls later than other children may be prioritized for admission by the CLIP Coordinator because of their age, sex or other pertinent characteristics.

13.4 Information Requirements

13.4.1 Each CLIP Program must provide, at a minimum, a weekly update to the CLIP Coordinator regarding availability of MHD funded and non-MHD funded beds in accordance with these Policies and Procedures and existing statute and regulation governing confidentiality.

13.4.2 The CLIP Administration shall routinely notify referring RSNs of bed availability, expected wait times and other factors affecting access to the CLIP resource.

14. *TRANSFERS AMONG THE CLIP PROGRAMS*

14.1 Transfer of any resident may be initiated by the CLIP Program where the applicant currently resides and/or by the child's RSN. The request is initiated by contacting the CLIP Coordinator. The child's name will be placed on the waiting list as of the date of the request, pending unanimous approval by the CLIP Coordinator, the CLIP Program where the child currently resides, the child's RSN, the receiving CLIP Program and the Placement Team in the case of ITAs. The current CLIP Program must provide the following to the potential receiving Program:

14.1.1 A completed CLIP Application Form which specifically identifies how the transfer contributes to the long-term plan of care.

14.1.2 A copy of the information received from the CLIP Administration upon assignment of the child to their Program.

14.1.3 Intake documents, consultations, treatment plans and case reviews and any other documents from outside providers developed or received since admission.

15. *CERTIFICATION OF CONTINUED NEED FOR LONG TERM INPATIENT CARE*

15.1 Waiting List Recertification

15.1.1 When an applicant has been approved for voluntary admission by the Certification Team and placed on the waiting list, the designated child psychiatrist shall review the youth's continued need for admission every thirty days until the youth is admitted to a CLIP Program or withdrawn from the waiting list. If the designated psychiatrist determines that the child no longer needs admission, the child's name shall be removed from the list or procedures in **15.1.2** shall be applied.

15.1.2 If a child remains on the waiting list for six months, the Certification Team must review that child's continued need for admission. The RSN shall submit a detailed written update of the child's condition which includes, but is not limited to, an updated psychiatric evaluation with a current five-axis diagnosis. This update should detail the rationale behind the renewed request for admission. After review of this information the Certification Team shall either, 1) remove the child's name from the waiting list, or 2) recertify the child's continued need for admission.

15.2 Certification During Treatment in a CLIP Program

During the course of treatment in a CLIP Program, determination of continued stay shall be certified every 30 days by the attending child psychiatrist. Length of stay for any individual shall be mutually determined by the CLIP Program, the child's legal guardian and the RSN. However the medical director of the CLIP Program retains final professional authority to determine discharge. An unresolved disagreement among these parties about length of stay shall be resolved by the CLIP Certification Team in accord with the procedures in **15.4** below.

15.3 Certification Involving Transfers

If a resident in one CLIP Program is approved for transfer to another CLIP Program (See **14.1**) and they are temporarily placed in an E & T facility or in juvenile detention while awaiting a bed in the second CLIP Program, the original certification of medical necessity shall apply.

15.3.1 If the waiting period for an open bed in the second Program extends beyond 30 days, the procedures in **15.1.1** shall apply.

15.3.2 Adolescents on an involuntary treatment order for 180 days are certified only for the length of their order. To be eligible for admission to the second CLIP Program they must be committed on an additional 180 day order, or certified for voluntary admission by the CLIP Certification Team.

15.4 Annual Recertification

After each year of treatment in a CLIP program, independent review of the need for continued inpatient care is required for all children, regardless of legal status. In coordination with the RSN, the CLIP Program shall provide a summary of the child's progress in treatment, the goals for continued stay and the expected discharge plan and timelines. The CLIP Coordinator and the designated child psychiatrist will review the submitted materials and determine whether continued stay is warranted. If continued stay is not warranted, the Team will recommend expedient discharge. If continued stay is warranted, the Team will recertify that child's need for up to an additional twelve months of inpatient care.

15.5 Physician Certification

In all cases, when an applicant is determined to require long term psychiatric inpatient care the designated child psychiatrist shall certify such by his/her signature.

16. *DISCHARGE*

16.1 A resident may be discharged from a CLIP Program when one or more of the following criteria is met:

16.1.1 The CLIP Program judges that the resident has received maximum benefit from the Program

16.1.2 The resident leaves against medical advice and cannot be persuaded to return or be detained under the authority of RCW 71.34.

16.1.3 The resident requests discharge and cannot be persuaded to remain in treatment or be detained under the authority of RCW 71.34.

16.1.4 The Program judges that the resident presents a severe danger to other residents and that it lacks the capacity to protect other residents from this danger. Permanent discharge from the program shall only occur after all possible options for a temporary transfer (to contain and de-escalate the dangerous resident) have been eliminated. Such options could include arrest and detention for criminal activities or hospitalization, including for purposes of involuntary commitment. Any transfer or discharge under this criterion shall protect the interests of both the individual client being transferred or discharged and the residents remaining in the Program.

16.1.5 The Program judges that the resident is in urgent need of acute psychiatric and/or medical care which it cannot provide and which it can arrange to be provided elsewhere. Permanent discharge from the program shall only occur after all possible alternatives for temporary transfer to meet the acute psychiatric or specialized medical needs of the resident have been exhausted.

16.1.6 The CLIP Program judges that the resident's condition no longer warrants the intensity and restrictions provided by the Program and that a less restrictive treatment environment would be more appropriate.

16.1.7 A major disaster (i.e., earthquake, flood, fire) renders a CLIP Program incapable of providing contractual services. The responsibility for care will fall to each resident's legal custodian immediately following notification by the Program.

16.2 Submission of Discharge Plan

The CLIP Programs shall submit a written discharge summary to the Document Review Team within 14 days of discharge. The summary shall be comprehensive and address the following:

16.2.1 Referral and identifying information including legal status at admission

16.2.2 Brief summary of presenting problem(s)

16.2.3 Admitting and most recent diagnoses

16.2.4 Brief description of course of treatment including the nature of family involvement

16.2.5 Discharge criteria which resident meets and justification for discharge

16.2.6 Process leading to discharge, discharge plans/recommendations

16.2.7 Detailed summary of any aftercare services to be provided by the CLIP Program

16. 3 Holding Beds for Absent Residents

A bed may not be held for a resident absent from a CLIP Program for more than seven (7) days without prior written approval by the MHD or its designee. In the absence of such approval, the bed of the absent resident shall be declared vacant effective the eighth (8th) day of such absence and immediately available for occupancy by the next available applicant on the waiting list.

16.4 Readmission of Absent Residents

If an absent resident returns within seven (7) days (or within 30 days as approved by the MHD or its designee) he or she may be readmitted to the first available bed in the same CLIP Program without recertification by the Certification Team. In all other cases a resident's readmission must be recertified.

17. *DOCUMENTATION REVIEW*

17.1 90 Day Reviews of ITAs

Treatment progress of all adolescents involuntarily admitted for long term inpatient care in a CLIP Program shall be reviewed 90 days after admission to that Program by the Document Review Team. The CLIP Program shall submit the current treatment plan and the most recent case review. The documents shall include the signature of the attending child psychiatrist certifying that adolescent's continued need for inpatient care.

17.2 Recertification after one year of treatment

Recertification of the continued need for long term inpatient care shall be made by the CLIP Coordinator and the designated child psychiatrist (See Section **15.4**). In coordination with the RSN, the CLIP Program shall submit a summary of the year of care which includes a clear formulation of the goals for continued stay in an inpatient setting. One year of care is defined as the total length of stay in one or more CLIP Programs and is calculated from the date of admission (regardless of funding source) to the first Program.

17.3 Discharge Reviews

Discharges of all children served in a CLIP Program shall be reviewed by the Document Review Team.

17.4 Findings and Recommendations

Any findings and/or recommendations arising from the Document Review Team activities shall be summarized in written form and distributed to the CLIP Program (and the RSN upon their request). In the case of annual recertification the findings will include a new Certification Form.

18. *INFORMATION COLLECTION*

18.1 Primary Purpose of Information Collection

18.1.1 To identify the characteristics of the individuals served by the CLIP Programs.

18.1.2 To identify unmet needs of psychiatrically impaired children and youth, and to assist the MHD in policy and planning activities related to this population.

18.1.3 To provide the CLIP Administration and the MHD information on outcomes.

18.1.4 To assist CLIP and the MHD in evaluating its policies and procedures.

18.1.5 To assist the CLIP Programs with the ORYX requirement of the Joint Commission on Accreditation of Healthcare Organizations.

19. *PUBLIC RELATIONS*

The CLIP Administration will prepare a variety of public relations materials to include the following:

19.1 The preparation and/or amendment of written materials describing the CLIP Administration's function and the application process.

19.2 The CLIP Administration website.

19.3 The preparation and distribution of information, which the CLIP Administration has collected concerning the unmet needs of psychiatrically impaired children and youth.

19.4 Public presentations to relevant human service agencies and community groups.

19.5 Other activities which interpret and disseminate information about the CLIP Programs and the CLIP Administration policies and procedures to relevant individuals, agencies and groups.

20. *REVIEW AND REVISION OF POLICIES AND PROCEDURES*

20.1 Periodic Review

The CLIP Administration shall regularly review its policies and procedures. This review will take place at least biennially and more often if deemed necessary.

20.2 Amendments

Amendments to policies and procedures will be adopted by a majority vote of all CLIP Administration members and subject to the approval of the MHD.

REVISED BY:

_____
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